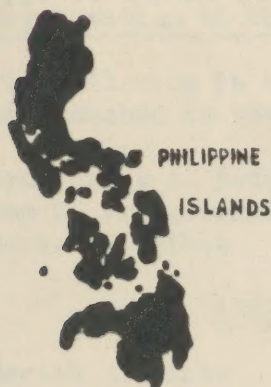


~~RESTRICTED~~
UNCLASSIFIED



CLASSIFICATION CHANGED
TO **UNCLASSIFIED**
AUTH. **EO. 10501**
DATE **5 Nov 53** • OKINAWA
SECURITY OFFICER
Frank B. Rogers

• IWO JIMA



TINIAN • SAIPAN
• GUAM

CIRCULAR NUMBER 7

MEDICAL SECTION

GHQ FEC



UNCLASSIFIED

1 JULY 1947

~~RESTRICTED~~

Articles for Publication in Circular

It is desired that the Monthly Circular Letter published by the Medical Section GHQ, FEC be of maximum value to all of the Medical Department personnel in the field. To that end, articles of professional or administrative nature that might be of general interest are needed. All Medical Department officers as well as the Commanding Officers of Medical Department units and the Surgeons of the major commands are solicited for articles of administrative or technical value. Such articles should be forwarded so as to reach the Medical Section, FEC, not later than the 20th of the month preceding the publication of the circular in which it is to appear.

RESTRICTED

GENERAL HEADQUARTERS
FAR EAST COMMAND
MEDICAL SECTION

CIRCULAR LETTER)
:
NO 7)

APO 500
1 July 1947

Part I

<u>SUBJECT</u>	<u>ADMINISTRATIVE</u>	<u>SECTION</u>
Organization of the Medical Section		I
Message from the Former Surgeon General, Major General Kirk .		II
Veterinary Reports		III
The Cooking of Pork Products.		IV
Recent War Department and FEC Publications.		V
ASTP to Army to Private Practice.		VI
Distribution of Misc. 1269 YAWS (color film).		VII

I. Organization of the Medical Section

The following is a list of commissioned personnel currently assigned or attached to the Medical Section:

Brig. General James A. Bethea	Surgeon
Colonel John C. Fitzpatrick	Deputy Surgeon
Major Frederick H. Gibbs	Executive Officer

ADMINISTRATIVE BRANCH

Major Frederick H. Gibbs	Chief
Lt. Edwin W. Payne	Assistant

PLANS AND OPERATIONS BRANCH

Colonel John C. Fitzpatrick	Director
Major Frederick H. Gibbs	Deputy Director
Major John V. Painter	Chief, Supply and Fiscal Branch
Captain Robert E. Watson	Supply and Fiscal Branch
Captain Felix G. Rajecki	Chief, Plans and Operations Branch
Captain Glorio J. Patsy	Plans and Operations Branch

PERSONNEL DIVISION

Lt. Colonel Wilfred A. Emond	Director
Major Sam A. Plemmons	Deputy Director

RESTRICTED

RESTRICTED

CONSULTANTS

Colonel Thomas C. Daniels
Colonel Stanley C. Smock
Colonel George N. Schuhmann
Lt. Colonel Warner F. Bowers
Lt. Colonel Ruby F. Bryant
Major Kermit E. Jones

Dental Consultant
Veterinary Consultant
Preventive Medicine
Surgical Consultant
Nursing Consultant
Preventive Medicine

II. Message from the Former Surgeon General, Major General Kirk

The following message was received by the Surgeon, Far East Command:

War Department
Office of the Surgeon General
Washington, D. C.

31 May 1947

Brigadier General James A. Bethea, USA
Surgeon, Far East Command
APO 500, c/o Postmaster
San Francisco, California

Dear Bethea:

My four-year tour of duty as Surgeon General ends today and I cannot let pass this opportunity to thank you personally and, through you, each and every member of your staff for the fine spirit of cooperation I have enjoyed during my tenure of office.

The record of the Medical Department in World War II is one in which we can all take pride and this record was the result of your contribution and that of others like you.

My kindest personal regards always.

Sincerely yours,

/s/ Kirk

NORMAN T. KIRK
Major General
The Surgeon General

III. Veterinary Reports

Report of Veterinary Meat and Dairy Hygiene Inspection, WD, AGO Form No. 8-134 is an unclassified report. The geographical location of the reporting office should be entered on line (1) together with the designation of the unit and APO number. This inclusion will not change

the classification of the report. However, the mean strength should not be entered on line (3) but the words "Not Required" continued to be entered on this line.

IV. The Cooking of Pork Products

The tendency of native cooks to cook pork insufficiently is known. This may be because they are not familiar with pork and pork products and do not realize that American pork may contain trichina. As a precaution against trichinosis all native cooks in army messes and dependent homes should be instructed to cook pork properly. When properly cooked, pork may be eaten without danger of infection. Fresh pork should be cooked until it becomes white and is no longer red in color in the center as well as in all portions of the piece. Similar precautions should be taken in cooking other than pork products such as sausage, ham, and bacon.

V. Recent War Department and FEC Publications

Circular 120, War Department, 13 May 1947, Paragraph 25, Rations for Patients in Numbered Medical Units or Organizations and Divisional Clearing Elements During Maneuvers or Extended Field Exercises.

Circular 130, War Department, 22 May 1947, Section III, Depot Inventories. (Amends ASF Manuals M416, Stock Control Manual for Depots, and M408-1, Depot Inventory Procedures).

Circular No. 132, War Department, 24 May 1947, Section IV. (Extends expiration date of Circular 352, War Department, 1945, Section III, Hospitalization; to 31 December 1947).

Circular No. 133, War Department, 27 May 1947, Section I, (Changes AR 40-1025, 12 December 1944). Section VI, Medical Department Officer, (Amends Section IV, War Department Circular 310, 1946).

Circular No. 134, War Department 28 May 1947, Section I, Army Nurses, Dietitians, and Physical Therapists Now on Active Duty in Army of United States.

Circular 146, War Department, 7 June 1947, Section I, (Amends AR 40-305 by eliminating reports required under paragraph 10, AR 40-305, Reports Control Symbol MED-1).

Memo No. 600-900-2, War Department, 27 May 1947, Venereal Disease Control Council. (Supersedes War Department Memo 600-900-2, 31 January 1947, including C1, 30 April 1947).

Circular No. 57, GHQ, FEC, 23 May 1947, Evacuation of Patients from the Far East Command.

Circular No. 60, GHQ, FEC, 29 May 1947, U. S. Army Hospital Funds.

RESTRICTED

Circular No. 64, GHQ, FEC, 3 June 1947, Medical Department Reports.

Circular No. 69, GHQ, FEC, 13 June 1947, Section I, Utilization and Disposition of Personnel with Physical or Mental Defects and Physical Reclassification; Section II, Histopathologic Centers and Autopsy Procedures.

Circular No. 97, Headquarters, Eighth Army, 9 June 1947, Section II, Rabies Control in Animals.

VI. ASTP to Army to Private Practice

The following paragraphs are quoted from an article by Major Walter J. Newton, DC, which appeared in the Medical Bulletin, Office of the Theater Surgeon, European Theater, for January 1947:

"Don't think that your Army professional life will never actually come into your civilian professional life in the form of patients. The World War I professional men will tell you that there are always several patients in your civilian community who knew some one who had a brother in the service who heard what a fine (or poor) dentist or physician you were in the Army. Also many of your own patients will look you up in later years and spread their Army-conceived estimation of you throughout your community.

Your professional life is not a series of separate compartments--it is cumulative. Either you build or you deteriorate."

VII. Distribution of Misc. 1269 YAWS (color film)

Information received in this office indicates that "Initial Distribution of Misc. 1269 YAWS (color)" will be made in the near future to this theater.

The primary purpose of this film is to instruct in all known phases of diagnosis, treatment and control of YAWS, also known by such names as "framboesia", "pian", and "buda". This film portrays the actual color, appearance, and characteristics of the disease and demonstrates the technique and results of the use of penicillin and other drugs in its treatment.

Distribution of Misc. 1269 is being made in accordance with specific recommendations from Chief, Education and Training Division, Office of the Surgeon General for showings to medical personnel.

RESTRICTED

Part IISUBJECTTECHNICALSECTION

Summary of the Report of Studies on Gonococcal and Non-Gonococcal Urethritis Among Troops in the Pacific Theater VIII

VIII. Summary of the Report of Studies on Gonococcal and Non-Gonococcal Urethritis Among Troops in the Pacific Theater

Reports from the Philippines indicated during the summer of 1946 that a strain of gonococcus had been encountered which was resistant to penicillin therapy. Of 8,205 cases of gonococcal urethritis treated it was reported that 756 failed to be cured with a single course. Subsequent hospitalization and treatment with two or more courses of therapy reduced this number to 418 allegedly penicillin resistant cases. As a result they were evacuated to the Zone of Interior and a total of 216 were admitted to Letterman General Hospital in October and November for study.

Clinical results (see charts) revealed that about 39% of these cases were asymptomatic but that the remaining had symptoms which included a frank urethral discharge, (29%) burning on urination, (6%), and "morning drop", (25%). A lesser number suffering from prostatitis, perineal pain, frequency, and low backache.

Bacteriologic examinations were conducted on the 126 cases admitted to Letterman General Hospital and consisted of both cultural and film examinations. Of this total the gonococcus was recovered from only 19, and in three instances the diagnosis was based upon the presence in films of Gram-negative diplococci which failed to grow on cultural methods. Results of carefully controlled tests for sensitivity to penicillin showed that none of the strains of gonococcus were resistant in vitro. These findings were not what one ordinarily would expect and it appeared that non-gonococcal, or non-specific urethritis was more of a problem than previous reports had indicated. As a result, The Surgeon General decided to send a commission to the Pacific Theater and a survey was made in Hawaii, the Philippine Islands, Korea, and Japan by Dr. Charles M. Carpenter, Dr. Gerald N. Barbour, and Lt. Col. Raymond P. Hughes. Attention was given to the following phases of the program:

1. The prevalence of undeclared venereal disease,
2. The presence and etiology of non-gonococcal urethritis,
3. The diagnostic measures used in urethritis,
4. Treatment methods in urethritis, and
5. Prophylactic measures used.

The survey was made in the following manner: Approximately

100 troops were examined from each of 16 different organizational units scattered throughout the Pacific Theater. The men were awakened well before the usual hour of reveille and marched to the dispensary for examination. Special precautions were then taken to prevent them from urinating prior to examination. The external genitalia were examined for urethral discharge, penile ulcers and lymphadenopathy. The urethra was carefully stripped by the examiner and wherever an exudate was discovered, films and cultures were made in accordance with the standard method for the isolation of the gonococcus recommended by the American Public Health Association. Films and cultures were also made on 10 apparently normal men as controls in each group of 100 soldiers. In the survey of troops in the Philippine Islands, cultures were made on 3 special media in addition to the standard chocolate agar. In the other areas only the latter was employed.

The bacteriologic examination of films and cultures was not limited to the detection of the gonococcus but also included determination of the predominating bacteria present in both the normal men and those with urethritis.

This survey revealed that an announced examination of 2000 men in the Pacific area disclosed 2.97% had gonococcal infections and 12.4% had non-gonococcal urethritis. Approximately 1% of the men had penile ulcers. The etiology of the non-gonococcal urethritis was not determined definitely. Bacteriologic examinations of specimens from patients with chronic non-gonococcal urethritis revealed no unusual species of bacteria. Streptococcus, staphylococcus and diptheroids were the predominant types. A few cultures of some Gram-negative bacilli, as yet unidentified, were recovered.

Examinations of approximately 100 patients with alleged gonococcal infections who were being treated in general hospitals because of failure to be cured with 300,000 units of penicillin in dispensaries showed that only 23% were still suffering from the disease, and 50% from a non-gonococcal urethritis. The remainder were asymptomatic. In practically every instance in which the gonococcus could be detected the patient admitted reinfection.

Treatment. The dosage of penicillin and the treatment schedule used, varied for gonococcal infection considerably in different areas. In practically no instances except in XXIV Corps in Korea were the provisions of TB Med 196 being carefully followed. Many medical officers insisted that 200,000 units of penicillin was not sufficient to cure acute gonococcal urethritis, and as a result an initial course of from 400,000 units to 1,000,000 units was administered. The idea of employing large initial dosages had been handed down and accepted by new officers coming into the theater. The majority of venereal disease officers had not even tried treating new cases of gonococcal urethritis with the recommended 200,000 units as initial therapy. Retreatment with two or more courses of penicillin, frequently totaled several millions of units. All of the cases that were reported to be uncured with 200,000 units were examined by the Commission and proved to be non-gonoccal or the result of reinfection.

RESTRICTED

In a number of places penicillin in oil and beeswax (P.O.B.) was being used more or less routinely in the treatment of urethritis. The single injection of 300,000 units was employed. The concensus of opinion among those officers using this form of therapy was that it was more efficaceous than the aqueous penicillin and that fewer cases necessitated retreatment when P.O.B. was administered initially.

Comment and Discussion. The finding of only 19 cases of gonococcal infection among 216 patients evacuated to Letterman General Hospital because of alleged penicillin-resistant gonorrhea constituted a marked discrepancy between the observations made on the patients in the Theater of Operations and those within the Zone of Interior. Changes in the status of the patients because of the elapsed time between the examination might account for some differences, but it was obvious that cases of non-gonoccal urethritis, treated with millions of units of penicillin, had been diagnosed chronic gonococcal urethritis. At interviews, some of the 19 men disclosed that they had been exposed while under treatment in the hospital. Others admitted they had acquired the infection while on "passes" to obtain their personal effects or enroute to the port of embarkation. Evidently several of the men who became infected just prior to leaving the Theater were successfully treated for gonococcal infection on board ship.

Inasmuch as the history of many of the patients revealed re-infection as an explanation for failure to be cured with enormous doses of penicillin and since the few cases of gonococcal infection treated responded promptly to either 300,000 or 600,000 units of penicillin, no evidence of penicillin-resistant gonorrhea could be adduced. Furthermore, strains of gonococci isolated from the patients and tests in vitro for sensitivity to penicillin proved to be so-called "normal" strains. Thus, it was evident that the strains of gonococcus prevalent among troops in the Pacific Theater were not unlike those met with in the Zone of Interior.

The erroneous diagnosis of chronic non-gonococcal urethritis as penicillin-resistant gonorrhea was primarily due to faulty Gram strains. In only two of the laboratories visited in the Theater were the films stained satisfactorily for making a dependable diagnosis. Invariably the films had been overdecolorized and the tissue cells, as well as all bacteria, were uniformly stained red from contact with safrainin, the counter-stain. Typically acute cases of gonorrhea in the male can be readily diagnosed if the pus cells are filled with diplococci even though the films are unsatisfactorily stained. As a matter of fact, films stained with methylene blue would yield as much information. On the other hand, faulty Gram stains are of little value in the diagnosis of chronic gonorrhea in the male, of gonococcal cervicitis, or as a test for cure because in these instances only a few organisms are present in the film.

The Gram stain recommended in most Army Medical Department Manuals, namely, Burke's modification of Gram's stain, although satisfactory in the hands of an expert, is not suitable for use by the poorly trained technician. The technique specifies that decolorization be

carried out with acetone. In some laboratories equal parts of acetone and 95% alcohol were employed as the decolorizing agent. Either of these agents decolorized so rapidly that all traces of crystal violet are removed and an unsatisfactory preparation results unless the technician works fast and carefully observes the procedure. Few technicians appreciated the care with which the Gram stain must be carried out, and furthermore, a few did not know that Gram-positive bacteria could be overdecolorized and thus appear as Gram-negative bacteria.

Three other factors frequently observed and responsible for an incorrect diagnosis of the disease were: (1) Unsatisfactorily prepared films, (2) the use of stains that had deteriorated from long standing, and (3) poorly trained technicians who were not capable of making a dependable microscopic examination.

In several installations the patient prepared his own film by smearing or dropping on a glass slide as much urethral exudate as was available. The result was usually a film too thick for satisfactory staining and examination.

Untrained and uninterested personnel, particularly in the laboratories, constituted the chief difficulty. The laboratory officer in many instances was not qualified to take charge of the work or had so many other duties that the assignment as a laboratory officer was of secondary importance. The laboratory technicians in general were not qualified to do work and had an inadequate background in bacteriology. Furthermore they did not appreciate their responsibilities sufficiently to detect errors in technical procedure.

Partial Recommendations Included:

1. The general medical laboratory in each area shall carry out effectively the responsibility of determining that the laboratory work in each unit be well conducted in order to avoid erroneous diagnoses.

2. Hucker's modification of Gram's stain shall be adopted as the standard procedure for staining films in the diagnosis of gonococcal infection.

3. Penicillin in peanut oil and beeswax be employed exclusively for the treatment of gonococcal infection.

4. An educational program be conducted among troops directing attention to the advantages of venereal disease prophylaxis.

TABLE A-WHITE

AREA	UNIT	MEN EXAMINED	PERCENT OF						POSITIVE DUCREY TESTS
			GONOCOCCAL URETHRITIS	NON-SPECIFIC URETHRITIS	PENILE ULCERS	POSITIVE FREI TESTS			
PHILRYCOM	10th Gen. Hosp. Med. Detach.	89	0	7.88	0	0	2.24		
	29th Engineers	104	0	1.92	.96	0	0		
	743rd AAA Gun Bn.	103	.97	9.70	.97	0	1.94		
	TOTAL:	296	.34	6.75	.67	0	1.35		
JAPAN (Tokyo- Yokohama Area.)	229th Ord. Base Depot	100	1	7	1	Not done	Not done		
	25th Qm. Co.	150	0	5.33	0	Not done	Not done		
	TOTAL:	250	4	6	4	0	0		
KOREA:	51st M.P. Bn	100	0	8	1	Not done	Not done		
GRAND TOTAL:		646	.31	6.68	.61	0	.61		

RESTRICTED

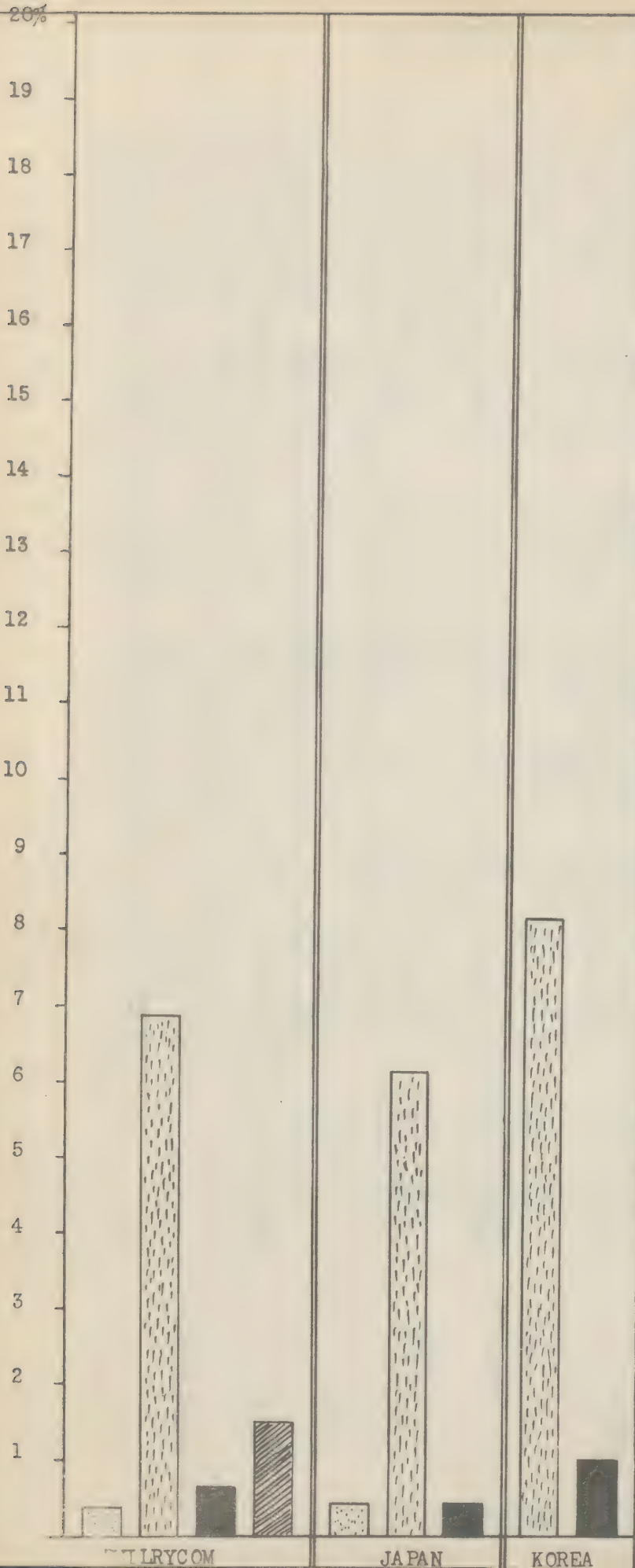


TABLE B WHITE

- Gonococcal Urethritis
- Non-Specific Urethritis
- Penile Ulcers
- Positive Ducrey Tests

RESTRICTED

TABLE C-COLORED

AREA	UNIT	MEN EXAMINED	PERCENT OF						POSITIVE DUCREY TESTS	POSITIVE DUCREY TESTS
			GONOCOCCAL URETHRITIS	NON-SPECIFIC URETHRITIS	PENILE ULCERS	FREI TESTS	POSITIVE DUCREY TESTS	POSITIVE DUCREY TESTS		
AFMIDPAC*	392nd TC Truck Co	200	.5	5	0	Not done	Not done	Not done		
	1315th Engineer	100	5	26	2	0	10			
	624th Port TC	102	2.94	26.46	1.98	0	2.94			
	97th Engineers	102	7.84	22.54	1.98	0	8.82			
	151st QM Bakery	100	1	14	2	0	2			
TOTAL:			4.2	22.27	1.48	0	5.94			
JAPAN (Tokyo- Yokohama Area)	92nd QM Railhead Co.	100	0	16	1	Not done	Not done			
	933rd AAA Aw. Bn.	100	1	18	2	Not done	Not done			
	63rd Ord. A.M. Co	100	0	10	0	Not done	Not done			
	3528th T.C. T.C.	150	.66	12	1.33	0	12			
TOTAL:			.44	13.77	1.11	0	4			
KOREA	4482nd Salv. Repair Depot	100	0	18	2	Not done	Not done			
	GRAND TOTAL:	1154	1.72	16.46	1.12	0	3.64			

*214 men from 4 units in this area were later examined by Capt. D. Meyers, V.D. Control Officer. Six (6) cases of non-specific urethritis were found and no cases of gonococcal infection.

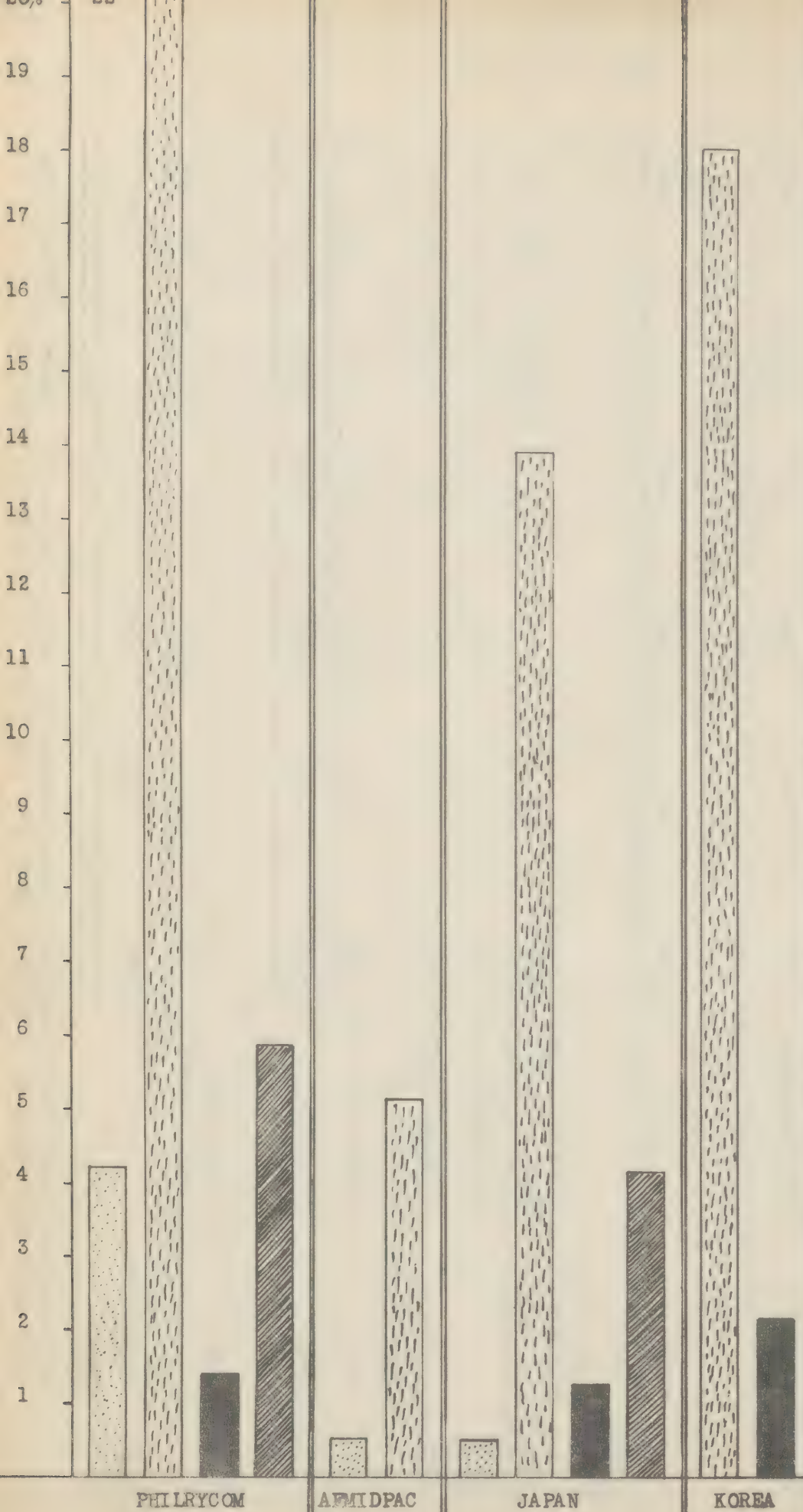






TABLE D COLORED

-  Gonococcal Urethritis
-  Non-Specific Urethritis
-  Penile Ulcers
-  Positive Ducrey Test

PART IIISTATISTICAL.IX. Evacuation:

1. During the period 26 April 1947 to 30 May 1947, the following patients were evacuated from the several major commands:

	<u>Air</u>	<u>Water</u>	<u>Total</u>
JAPAN	226	732	958
MARBO	70	3	73
PHILRYCOM	77	71	148
*KOREA	271	1	272

2. The following are the evacuation per 1000 strength for the period 26 April 1947 to 30 May 1947:

JAPAN	7.3
MARBO	3.6
PHILRYCOM	2.2
KOREA	5.3
THEATER	5.4

3. As of 30 May 1947 the following number of patients were awaiting evacuation:

JAPAN	333
MARBO	8
PHILRYCOM	59
KOREA	54

X. Hospitalization:

1. The Bed Status Report as of 30 May 1947 is as follows:

	<u>Total T/O</u> <u>Beds Present</u>	<u>Total T/O</u> <u>Beds Established</u>	<u>Total T/O</u> <u>Beds Occupied</u>
JAPAN	4,850	4,850	3,172
MARBO	575	575	350
PHILRYCOM	3,500	2,233	1,714
KOREA	2,050	1,495	1,047
TOTAL:	10,975	9,153	6,283

*Patients are evacuated to Japan from Korea for onward evacuation.

RESTRICTED

2. The percent of T/O beds and operating beds occupied for the period ending 30 May 1947 are as follows:

	<u>Percent T/O Beds Occupied</u>	<u>Percent Operating Beds Occupied</u>
JAPAN	65	65
MARBO	61	61
PHILRYCOM	49	77
KOREA	51	70
THEATER	57	68

3. Tables showing various admission rates are listed below:

ADMISSION RATES PER 1,000 PER ANNUM:

All Causes

<u>Week ending</u>	<u>Theater</u>	<u>MARBO</u>	<u>PHILRYCOM</u>	<u>JAPAN</u>	<u>KOREA</u>
2 May 1947	725	294	498	882	794
9 May 1947	743	488	612	832	782
16 May 1947	702	356	544	843	686
23 May 1947	682	403	532	769	758
30 May 1947	601	329	461	656	720

Disease

2 May 1947	662	242	469	801	727
9 May 1947	675	403	566	753	719
16 May 1947	636	262	500	766	631
23 May 1947	623	314	494	712	684
30 May 1947	524	222	413	571	644

Injury

2 May 1947	63	52	29	81	69
9 May 1947	68	85	46	79	63
16 May 1947	65	94	43	77	55
23 May 1947	58	88	40	57	73
30 May 1947	77	107	48	84	75

Psychiatric

2 May 1947	17	5	19	22	4
9 May 1947	12	22	12	11	10
16 May 1947	16	5	17	19	12
23 May 1947	16	17	20	13	20
30 May 1947	11	10	8	15	6

RESTRICTED

ADMISSION RATES PER 1,000 PER ANNUM

Organic Neurological Disease

	<u>THEATER</u>	<u>MARBO</u>	<u>PHILRYCOM</u>	<u>JAPAN</u>	<u>KOREA</u>
2 May 1947	.2	0	0.7	0	0
9 May 1947	.6	0	0	.4	3
16 May 1947	.9	0	0	.8	2.9
23 May 1947	.3	0	0.8	.4	0
30 May 1947	.4	0	0	.8	0

Common Respiratory Disease

2 May 1947	146	19	53	192	204
9 May 1947	137	19	58	171	196
16 May 1947	120	10	54	146	167
23 May 1947	112	27	37	149	134
30 May 1947	96	27	52	114	125

Influenza

2 May 1947	4	0	2.2	5	7
9 May 1947	3	0	0	5	3
16 May 1947	2.1	0	0	2	.9
23 May 1947	3.1	0	3	4	2
30 May 1947	.8	0	0	.8	2

Primary Atypical Pneumonia

2 May 1947	10	36	4.4	8	15
9 May 1947	7	2.7	2.2	5	19
16 May 1947	9	5	7	4.4	27
23 May 1947	5.9	0	12	4	4
30 May 1947	6	5	5.9	4.8	10

Common Diarrhea

2 May 1947	6	0	15	1.6	7
9 May 1947	12	0	32	1.9	16
16 May 1947	7	0	21	.8	6
23 May 1947	17	0	11	23	10
30 May 1947	8	2.5	18	.4	16

Bacillary Dysentery

2 May 1947	.7	2.7	9	0	0
9 May 1947	.6	0	2.2	0	0
16 May 1947	.3	0	1.5	0	0
23 May 1947	1.4	0	6	0	0
30 May 1947	.6	0	2.9	0	0

ADMISSION RATES PER 1,000 PER ANNUM

Amebic Dysentery

	<u>THEATER</u>	<u>MARBO</u>	<u>PHILRYCOM</u>	<u>JAPAN</u>	<u>KOREA</u>
2 May 1947	1.9	0	7	0	0
9 May 1947	1.8	0	4.3	0	1
16 May 1947	2.1	5	6.2	0	0
23 May 1947	2.7	0	11	.4	0
30 May 1947	2.2	0	10	.4	0

Malaria

2 May 1947	11	2.7	39	.8	2.9
9 May 1947	12	13	46	.8	0
16 May 1947	12	5	43	.8	3.9
23 May 1947	13	24	44	.8	4
30 May 1947	15	15	60	.8	4

Infectious Hepatitis

2 May 1947	2.1	0	4.4	.8	2.9
9 May 1947	1.2	13	1.4	.8	2
16 May 1947	2.7	0	3	4	0
23 May 1947	2.1	0	5	2	0
30 May 1947	1.6	2.5	3.9	1.2	0

Mycotic Dermatoses

2 May 1947	3.4	0	6	3.5	.9
9 May 1947	6.8	0	10	7	1
16 May 1947	3.1	5	5	3.2	0
23 May 1947	5.7	0	4	9	1
30 May 1947	4.7	5	10	4	1

Venereal Disease

2 May 1947	79	25	73	85	91
9 May 1947	99	5	118	100	100
16 May 1947	88	21	95	98	81
23 May 1947	99	24	106	101	118
30 May 1947	71	15	63	79	84